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RULE				

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/303,598 11/25/2002 D/A
 which is a CIP of 09/714,409 11/14/2000 D/A
 which claims benefit of 60/165,638 11/15/1999 D/A

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	DRAWING 11	CLAIMS 36	CLAIMS 5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Oncolytic adenovirus

FILING FEE RECEIVED 1686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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